

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF  
Michele Erkan, Robert Cole et al.

IN COURT

COURT CASE NUMBER  
12-cv-12052 & 12066 (FDS)

DEFENDANT  
New England Compounding Pharmacy et al.

2013 FEB -4 P

TYPE OF PROCESS  
Writ of Attachment

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Gregory Conigliaro as registered agent for New England Compounding Pharmacy, Inc. d/b/a New England Compoun  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
1 Mountain View Drive, Framingham, MA 01701

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Kristen Johnson Parker  
HAGENS BERMAN SOBOL SHAPIRO LLP  
55 Cambridge Parkway, Suite 301  
Cambridge, MA 02142

Number of process to be  
served with this Form 285

1

Number of parties to be  
served in this case

1

Check for service  
on U.S.A.

2013

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

If Gregory Conigliaro is not available in person at the above address, please leave this package for him.

Signature of Attorney other Originator requesting service on behalf of:

*Mike Barker*

PLAINTIFF

DEFENDANT

TELEPHONE NUMBER

(617) 482-3700

DATE

12/13/12

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process  
1

District of  
Origin  
No. 38

District to  
Serve  
No. 38

Signature of Authorized USMS Deputy or Clerk  
*AT*

Date

12/14/12

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

21/13

Time

am  
 pm

Signature of U.S. Marshal or Deputy  
*Miller*

Service Fee 55	Total Mileage Charges including endeavors 24.20	Forwarding Fee	Total Charges 79.20	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Retain'd) \$0.00
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REMARKS:

- 1 DUSM, 1 Hr @ \$5/hr, RT mileage \$24.20 12/13/12

- Attorney never updated address.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED